Rev. 06/2006



State of Idaho

LOBBYIST	REPORT FORM
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Ben Ysursa Secretary of State

To Be Filed By:

LOBBYISTS (Sec. 67-6619) SCANNED

07 FEB 26 PM 1: 26

LIMIT OF STATE (Type or print clearly in black ink) STATE OF IDAHO See instructions at bottom of page Lobbyist's name and permanent business address Date prepared Period covered Matthew A. Haney year ending (Mo.) (Day) (Yr.)

Item 1	Totals of all reportab	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.							
Reimb	ntegory of Expenditure prised Personal Living and Travel	*Total Amount for	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)						
	s Pertaining to Lobbying Activity Not Have to be Reported	All Employers	Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4			
Entertal Food as	inment nd Refreshment	s	s	\$	\$	\$			
Living A	Accommodations								
Adverti	sing								
Travel									
Telepho	one								
Other E	expenses or Services								
	Total	\$ 10. W	\$	\$	\$	\$			

Item		1 7 7 2	than fifty dollars (\$50) for a legisla		office, and executive officials.
2	Date	Place	Amount	Names of Legislators,	Public and Executive Officials in Group
	NA	NA	ø	NA	
					POSTED

Continued on attached page(s)

INSTRUCTIONS	Item 3	Employer(s) Name(s) and Address(es)
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code	No. 1	THE IDAHO COMMUNITY ACTION NETWORK
Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st.	No. 2	3450 HILL RD BOISE ID 83703
TO BE FILED WITH: Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282		

Item 4	Exper	nditures nal prop	made by the lobberty to any Legisle	ator, Public or Executive O	yist's employer in the nature of contributions of money or other tangible or intangible attive Official or for or on behalf of any Legislator, Public or Executive Official.					
		vate V#	Amount	Nai	ne of L	egislator, Public or Executive Offic	ial Rec	ceiving or Benefiting		
Item 5 Subjec (from 01, 2 4, 17, 4, 17, 6, 10, 6, 10, 6, 10, 6, 17, 17, 17, 18, 17, 18, 17, 18, 18, 18, 18, 18, 18, 18, 18, 18, 18	or Hothe L t Code table) 22/ 28 28 21 28 21 28	ouse Bill, obbyist w	Resolution or other was supporting or of the cool of t	ion, the number of the Senate legislative activity in which oposing. Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	LEGISLATIVE SUB, Subject— Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, special districts Government, special districts		Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective hargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roman formunications, televisions, radio, newspaper.		
0	1 01 29 01 07 12 17 1d con	# 493 # 513 # 513 # 59 # 133 5129 entify any	y rule, ratemaking of	decision, procurement, ancial services agreement or opposing.		DERTIFICATION: I hereby certify the correct statement in accordance with subbyist signature Imployer No. 1 signature Imployer No. 3 signature Imployer No. 4 signature		other (please specify)above is a true, complete and		